


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 08:00 AM
Secretary of State

DOCUMENT # M99088 1. Entity Name HORACE N. MOORE, SR. P.A.	
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Principal Place of Business 235 SO. MAIN STREET SUITE 101 GAINESVILLE, FL 32601 US	Mailing Address PO BOX 2146 GAINESVILLE, FL 32601 US
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05232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3216694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOORE, HORACE N., SR. 235 SO. MAIN STREET SUITE 101 GAINESVILLE, FL 32601

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MOORE, HORACE N., SR. 235 SOUTH MAIN ST. GAINESVILLE, FL 32601
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<p>U000000566068 05/25/06-80003-024 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Horace N. Moore, Sr.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	5-24-06 352-371-2300 Date Daytime Phone #
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